

EMT-B COURSE COMPLETION & SKILLS VERIFICATION

Instructions: PRINT all areas except the SIGNATURE BLANK. This form must be legible! A form must be completed for each student.

_____, has successfully* completed an EMT-Basic

Course # _____ on _____. He/She demonstrated proficiency

in performing at least the following skills:

- ☐ Bag Valve Mask (single & two rescuer)
- ☐ Extremity Immobilization (long bone, joint & traction)
- ☐ Assessment of a Trauma patient (Adult & pediatric)
- ☐ Assessment of a Medical patient (Adult & Pediatric)
- ☐ Management of a Cardiac Arrest Patient including the use of a Semi automatic Defibrillator
- ☐ Spinal Immobilization (seated & supine)
- ☐ Bleeding Control & Shock Management
- ☐ Upper airway Adjuncts & Suction
- ☐ Mouth to Mask with Supplemental Oxygen
- ☐ Supplemental Oxygen Administration
- ☐ Flow Restricted, Oxygen Powered Ventilation Device
- ☐ Assisted use of an Inhaler, Auto-injector (EPI) , Glucose, Activated Charcoal & Nitroglycerin (tablet & spray)

Lead Instructor:

(Signature)

(Printed Name)

(Date)

***SUCCESSFUL COURSE COMPLETION MEANS:** *As a minimum, attended all classes (or made-up classes missed) and demonstrated proficiency over program knowledge objectives.*